Master of Public Health

Applied Practice Experience

EXPLORING MEDICAID DENTAL UTILIZATION IN KANSAS: TRENDS, GAPS, AND SPECIAL POPULATIONS

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MASTER OF PUBLIC HEALTH

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Chapter 1 - Portfolio Products

Oral Health Kansas (OHK), located in Topeka, Kansas, is the state's leading consumer oral health advocacy and education organization, dedicated to improving oral health through advocacy, public awareness, and education. During my Applied Practice Experience, I developed three portfolio products: an interactive Tableau dashboard visualizing Medicaid dental service utilization among individuals with Intellectual and Developmental Disabilities (IDD) and Autism in Kansas; an educational flyer designed to help caregivers identify early signs of dental problems in individuals with disabilities; and an executive summary tailored for policymakers, dental providers, and Kansas residents to highlight service gaps and policy-relevant insights. These products aimed to address disparities in dental care access under KanCare and support informed decision-making for improved oral health equity (*Oral Health Kansas*, n.d.).

Table 1.1 Summary of Portfolio Products

Portfolio Product		**Description**
1	Interactive Dashboard	An interactive Tableau dashboard was developed to visualize dental service utilization among KanCare members from 2022 to 2024. Users can filter by year, waiver (IDD/Autism) type, age group, and county to explore variations in access, disparities, and service types. This tool supports transparent data sharing and informed decision-making for state legislators, providers, and public health professionals through visual changes and comparisons.
2	Educational Flyer	A simple, engaging flyer tailored for the general Kansas public. It explains how to recognize dental problems at an early stage,

		especially for caregivers of disabled individuals.
3	Executive Summary	A one-page brief was made that highlights key findings from the KanCare dental utilization analysis. It outlines trends, disparities, and policy-relevant insights for stakeholders, including State legislators, providers, and the Kansas population

Product 1

Dashboard 1 - Medicaid Enrollment and IDD/Autism Waiver Distribution in Kansas (2022–2024)

This dashboard was created using Tableau to visually communicate complex Medicaid enrollment and waiver data in Kansas for 2024. The goal was to transform raw KanCare numbers into a clear, interactive format that stakeholders could use to understand trends in total Medicaid populations, age breakdowns, and the distribution of IDD/Autism waiver members across counties. Data sources included official Medicaid enrollment and waiver reports. The visual design employed simple bar graphs with distinct color coding for clarity, using blue gradients for Medicaid age groups and yellow/orange for waiver types. This design approach allows policymakers, healthcare professionals, and advocacy groups to quickly compare counties, identify high-need regions like Johnson and Sedgwick, and examine changes over time.
The purpose of this dashboard is to provide decision-makers and advocates with a tool for identifying service gaps, allocating resources, and shaping policy interventions. It highlights patterns such as higher waiver enrollment in urban counties and differences between adult and child beneficiaries. However, the dashboard has limitations: it represents aggregated counts rather than individual-level data, does not capture the quality or outcomes of care, and may not fully reflect underreporting or delays in waiver enrollment. Additionally, while it reveals geographic disparities, it cannot on its own explain the social, economic, or provider-related factors driving them. Thus, it serves as a powerful educational and planning resource, but one that should be paired with deeper qualitative and quantitative analysis.

Dashboard 2 - Trends in Dental Service Utilization Among Medicaid Members (2022–2024)

This dashboard was designed in Tableau to examine year-to-year trends in dental service utilization among Medicaid members, with a particular focus on children versus adults. Using claims data from 2022 to 2024, it visualizes overall procedure trends, the proportion of specific

dental procedures (such as preventive, oral evaluation, radiographs, and restorations), and age-group comparisons. The left area chart highlights that preventive and oral evaluation services consistently represent the largest share of claims. In contrast, the central bar charts break down utilization by procedure type and age group, showing distinct patterns between children and adults. The bubble chart on the right further emphasizes the higher proportion of dental service use among children under 21 compared to adults, underscoring the importance of pediatric dental care in Medicaid populations.

The purpose of this product is to help policymakers, providers, and advocacy groups better understand utilization patterns, identify service gaps, and plan targeted interventions to improve oral health outcomes. For example, the dashboard illustrates how preventive services dominate children's dental care, whereas adults may exhibit different utilization patterns, with more restorative or urgent procedures. However, the dashboard is limited by its reliance on claims data alone, which may not reflect unmet needs, barriers to access, or quality of care. It provides valuable insights into trends and disparities, but should be used alongside qualitative research, patient experiences, and provider capacity data to fully guide program and policy decisions.

Dashboard 3 – Urban – Rural Disparities in Medicaid Dental Provider Access, Kansas (2022–2024)

This dashboard was created in Tableau to visualize the distribution and accessibility of Medicaid dental providers across Kansas counties, with a special focus on rural versus urban differences. Using data from 2022 to 2024, it maps the ratio of providers per 1,000 population, overlaid on county categories (urban, semi-urban, rural, frontier). The leftmost map shows the geographic spread of providers by county, while the subsequent three maps illustrate how the provider-to-population ratio has changed each year. Color coding makes disparities clear: urban and semi-urban counties consistently show higher provider availability, while rural and frontier regions remain underserved.

The purpose of this product is to highlight inequities in dental workforce distribution, providing stakeholders and policymakers with a spatial understanding of access challenges. It helps identify counties with critical shortages and trends in provider ratios over time, which can guide recruitment, funding, and policy strategies to address rural dental care gaps. Limitations include reliance on provider counts that may not reflect whether providers accept new Medicaid patients, the quality of care, or travel barriers faced by residents. Thus, while the maps give a strong visual of regional disparities, they should be paired with qualitative community input and service capacity data for a fuller understanding of access issues.

Product 2: An Educational Flyer

For educational purposes, I created the flyer "Behavior Speaks: Is It a Toothache?" using a design-based health communication approach. The content was based on research about the dental needs of individuals with intellectual and developmental disabilities (IDD) and autism, including studies by Glassman & Subar (2009) and Anders & Davis (2010), which highlight how

communication barriers, sensory sensitivities, and daily care challenges can delay timely dental care. With guidance from design specialist Christina Noland, I used a Canva subscription provided by Oral Health Kansas (OHK) to create a flyer that was visually effective, easy to understand, and caregiver-friendly. I used the Nunito font in sizes above 12 points to improve readability and selected colors from the official Pathways project palette to ensure consistency with OHK's branding. The design featured soft illustrations, rounded elements, and animated images from Canva's media library, along with the OHK logo. The flyer helps caregivers such as parents, teachers, family members, and support staff recognize signs of dental pain, including behavioral cues like irritability and physical symptoms like drooling or difficulty chewing. I also ensured that the visuals reflected diversity in terms of age, gender, and race. The final version was reviewed and shared by OHK as a valuable educational tool to promote early dental care and prevent emergencies in individuals with IDD and autism.

Limitations

I developed this flyer as an educational resource only and did not intend it to replace a professional dental assessment. I provided general guidance, but individual symptoms can vary. I strongly advise caregivers to maintain regular dental visits and to seek immediate care if they notice signs of severe pain, infection, or trauma.

Product 3 Executive Summaries

For the Kansas Population summary

This executive summary was designed specifically for the Kansas population to help them easily understand how KanCare, the state's Medicaid program, supports dental health for children, adults, and individuals with Intellectual and Developmental Disabilities (IDD) or Autism. It was written in simple, clear language so that families, community members, and decision-makers can see how dental services are being used across the state. The information presented was created from an analysis of KanCare enrollment data, waiver participation, and dental service utilization records. By using these datasets, the summary highlights key trends, such as the decline in enrollment after the end of pandemic-era eligibility, the strong use of preventive services among children, and the uneven availability of dental providers across urban and rural Kansas.

The purpose of this summary is to raise awareness about the importance of oral health and to explain how access to dental services impacts Kansans in different regions and populations. It is significant because oral health is often overlooked but directly tied to overall health and well-being. This tool is used to inform parents, people with disabilities, rural residents, and community leaders about what is working well and where improvements are still needed. By providing clear, evidence-based findings in an easy-to-read format, the summary can guide advocacy, influence policy decisions, and encourage local support to improve access to dental care. In short, it turns complex data analysis into practical knowledge that can help build healthier Kansas communities**.**

For the Kansas Provider summary

This executive summary was developed for Kansas dental providers to present a comprehensive overview of KanCare dental utilization and access trends. Based on analysis of enrollment data, waiver participation, and service use from 2022–2024, it highlights critical findings such as the decline in Medicaid enrollment following the end of continuous eligibility, consistent dental

service use among children and individuals with IDD or autism, and persistent disparities in provider distribution between urban and rural areas. The findings are written in professional language to ensure providers can clearly interpret where needs are greatest.
The purpose of this summary is to engage dental professionals by linking data to actionable insights that inform clinical practice and public health impact. It underscores the significance of preventive care, identifies workforce challenges, and emphasizes opportunities for providers to expand participation in KanCare, serve high-need populations, and advocate for stronger support systems. By translating complex data into meaningful guidance, the document serves as both an informational resource and a call to action for providers to advance oral health equity across Kansas.

For a Kansas State Legislator summary
This executive summary was prepared for Kansas state legislators to highlight the importance of oral health equity and the role of KanCare in addressing disparities. Written in professional language, it is based on an analysis of KanCare enrollment trends, waiver participation, and dental service utilization from 2022 to 2024. The summary outlines critical findings, such as enrollment declines after the end of continuous eligibility, strong demand for preventive care among children, consistent utilization by individuals with disabilities and autism, and persistent gaps in provider availability between urban and rural areas. By presenting these findings clearly, the summary emphasizes the urgent need for state-level attention to sustain and expand access to oral health services.
The purpose of this document is to provide legislators with actionable insights to guide policymaking and resource allocation. It underscores the importance of investing in workforce strategies, supporting vulnerable populations, protecting preventive benefits, and advancing health equity across Kansas. This summary is significant because it translates complex data into practical guidance, showing policymakers how closing provider gaps and funding waivers can reduce disparities and improve outcomes. Ultimately, it serves as both an evidence-based briefing and a call to action, ensuring that every Kansan, regardless of where they live or their health status, can access the dental care they need to stay healthy and thrive.

Table 1.2 Portfolio Products and Competency Addressed

Portfolio Product		**Number and Competency Addressed**	
1	Interactive Dashboard	4, 22	Interpret results of data analysis for public health research, policy, or practice. Apply systems thinking tools to a public health issue.
2	Educational Handout	8	Apply awareness of cultural values and practices to the design or implementation of public health policies or programs.
3	Executive Summary	13, 19	Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes.

			Communicate audience-appropriate public health content effectively, both in writing and through oral presentations.

Chapter 2 - Competencies

Table 2.1 Summary of MPH Foundational Competencies

Number and Competency		Description
4	Interpret results of data analysis for public health research, policy, or practice.	The dashboard analyzed and displayed trends in dental service use by age, waiver type, Medicaid providers, and geography. It helped interpret complex data to inform policy decisions and guide improvements in Medicaid dental access, especially for IDD/autism.
8	Apply awareness of cultural values and practices to the design or implementation of public health policies or programs.	The flyer was designed with sensitivity to the needs of diverse populations, including caregivers of individuals with disabilities. It employs inclusive language, avoids jargon, and demonstrates an awareness of diverse cultural perspectives on oral health and disability care.
13	Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	The executive summary identified key stakeholders, i.e., legislators, providers, and the public, and presented findings relevant to each group. It encourages collaboration by highlighting shared goals in improving access and equity in Medicaid dental care, especially for individuals with Intellectual and Developmental Disabilities (IDD) and Autism.
19	Communicate audience-appropriate public health content, both in writing and through oral presentation	The executive summary was created using simple language and focused messaging to suit varied audiences. It effectively conveyed key public health findings in written format. In addition, I developed and presented a data dashboard through a formal presentation, which helped me strengthen my oral communication skills and improve my ability to clearly explain complex public health data to diverse stakeholders.
22	Apply systems thinking tools to a public health issue.	Developed a causal loop diagram and interactive dashboard to map how geography, waiver status, procedure use, and provider availability shape Medicaid dental access, revealing root causes and

		guiding strategies to reduce disparities for individuals with IDD/autism.

Competency # 4: Interpret results of data analysis for public health research, policy, or practice

The interactive dashboard was built using detailed dental utilization data from KanCare (Kansas Medicaid) spanning from 2022 to 2024. Using filters and visualizations based on waiver status, age groups, Medicaid-enrolled populations, Medicaid providers, and geographic locations, the dashboard enabled users to identify significant patterns, disparities, and trends in service access. By converting raw data into clear, interactive visuals, the dashboard made it easier to interpret findings that are crucial for informing state legislators and guiding funding decisions.

This tool empowers stakeholders such as policymakers, providers, and public health professionals to explore how specific populations, including those with IDD and Autism, are using dental services, where gaps exist (such as in rural areas or among waiver populations), and how program adjustments could improve access and equity. The dashboard bridges the gap between data analysis and actionable public health decisions. Beyond policymaking, it also serves as a valuable resource for academic research and practical program planning, making it a versatile tool that can inform research, policy, and practice simultaneously.

Competency # 8 Apply awareness of cultural values and practices to the design or implementation of public health policies or programs

The educational flyer was designed with cultural sensitivity in mind, using simple language, clear visuals, and an inclusive tone to ensure accessibility for diverse Kansas populations. Special attention was given to caregivers of individuals with disabilities, recognizing their unique needs and challenges. The flyer avoids medical jargon, highlights early signs of dental issues, and promotes preventive care in a respectful and relatable way. This approach reflects an understanding of varying cultural beliefs, health literacy levels, and caregiving practices across the state. Awareness of linguistic differences and community-specific health practices guided both the design of the visuals and the framing of messages, while awareness of caregiver time constraints informed its concise and actionable layout. OHK will use this flyer to support their community outreach efforts and provide accessible oral health education to families and caregivers across Kansas.

Competency 13: Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes

The executive summary was structured to engage three primary stakeholder groups: state legislators, dental providers, and the general public of Kansas. Each group plays a critical role in improving oral health outcomes for Medicaid recipients, especially those with disabilities or limited access. The summary not only presents data insights but also frames them in a way that highlights shared priorities, such as preventive care, provider distribution, and policy equity. By clearly identifying these stakeholders and aligning the findings with their interests, the summary serves as a tool to initiate partnerships. It encourages legislators to support funding and policy changes, motivates providers to participate in Medicaid programs, and informs the public to seek care and advocate locally. This approach reflects strategic communication aimed at fostering multi-sector collaboration to drive systemic improvements in dental health access and outcomes. The product was further used to propose a strategy by outlining actionable steps—such as hosting joint legislative-provider forums and creating community advocacy toolkits—that demonstrate how these groups can work together to address gaps in care.

Competency 19: Communicate audience-appropriate public health content, both in writing and through oral presentation

The executive summary was created to meet the needs of different groups by using different styles of communication. For the public, it used a storytelling approach with easy-to-understand words to keep people interested and help them understand the message. For state legislators, it shared important statistics explained in non-technical terms to help guide smart decisions. For dental providers, it included professional terms and dental codes to match their knowledge and needs. The summary was also converted into a spoken presentation, allowing it to be shared clearly in both written and spoken formats.

Competency # 22 Apply systems thinking tools to a public health issue.

I applied systems thinking by creating a causal loop diagram (CLD) and integrating it with an interactive dashboard to analyze Medicaid dental access. The CLD mapped feedback relationships among geography, waiver status, procedure use, and provider availability, revealing how rural provider shortages contribute to low utilization and how interconnected factors reinforce disparities. The dashboard visualizes these relationships, allowing users to explore patterns across geography (urban vs. rural), waiver enrollment, dental procedures, and provider

availability. By highlighting how population health, policy, service utilization, and Medicaid structure interact, this systems-based approach helps identify root causes and strategic leverage points to improve equity in oral health care for individuals with Intellectual and Developmental Disabilities (IDD) and autism spectrum disorder.

Table 2.2 Application of Systems Thinking Tools to a Public Health Issue

Use of Systems Thinking Tools

Systems Thinking Tool	Description of Use
Process Mapping	Used to better understand how KanCare members, especially those with IDD and Autism, access dental services. This tool helped me visualize step-by-step flow from Medicaid enrollment to dental service utilization and identify gaps like provider shortages, lack of availability in rural areas, or long waiting periods to get enrolled. It showed where improvements could be made to increase access and efficiency in the system.
Causal loop diagrams (CLDs)	CLD helped to visualize the interconnected causes and effects within the Medicaid dental care system, especially helpful when exploring feedback loops, disparities, and long-term impacts. Example: Show how provider shortages → lead to lower access → which leads to worsening oral health → driving up emergency dental visits → increasing system costs → reducing available resources → worsening provider shortages again.

Table 2.3 MPH Foundational Competencies Course Mapping

22 Public Health Foundational Competencies Course Mapping	MPH 701	MPH 720	MPH 754	MPH 802	MPH 818
Evidence-based Approaches to Public Health					
1. Apply epidemiological methods to the breadth of settings and situations in public health practice	x		x		
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	x	x	x		

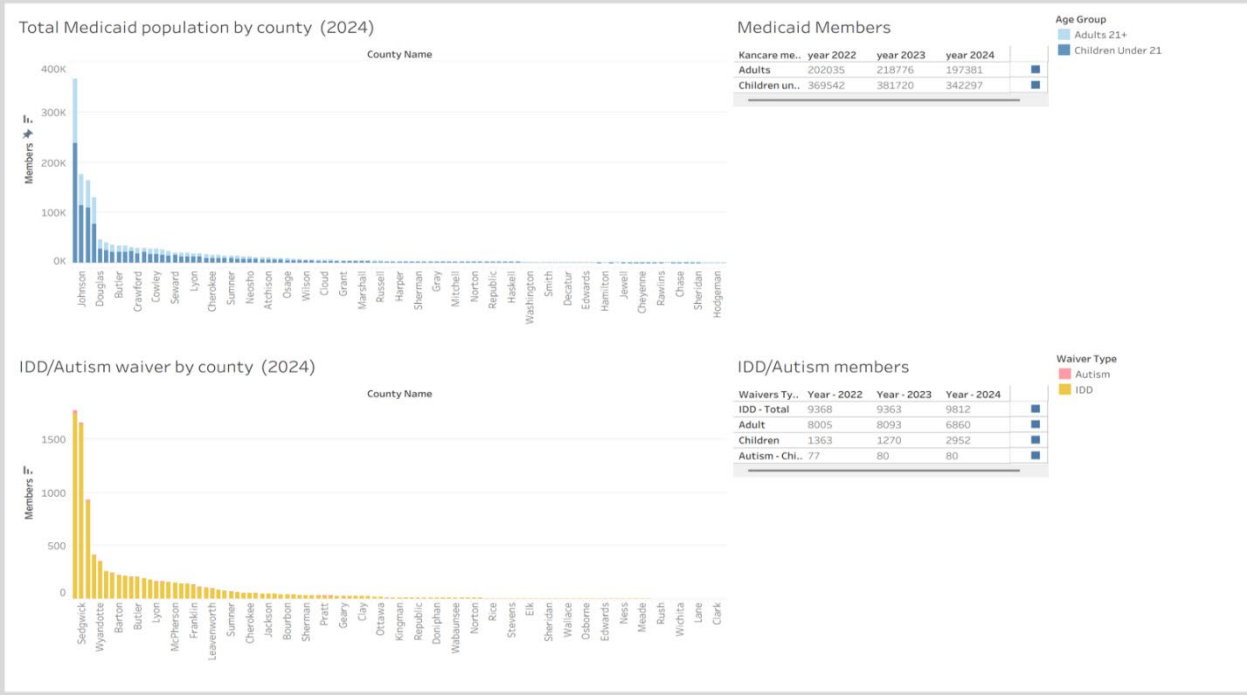
22 Public Health Foundational Competencies Course Mapping	MPH 701	MPH 720	MPH 754	MPH 802	MPH 818
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming, and software, as appropriate	x	x	x		
4. Interpret results of data analysis for public health research, policy, or practice	x		x		

Public Health and Health Care Systems					
5. Compare the organization, structure, and function of health care, public health, and regulatory systems across national and international settings		x			
6. Discuss the means by which structural bias, social inequities, and racism undermine health and create challenges to achieving health equity at organizational, community, and societal levels					x
Planning and Management to Promote Health					
7. Assess population needs, assets, and capacities that affect communities' health		x		x	
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs					x
9. Design a population-based policy, program, project, or intervention			x		
10. Explain basic principles and tools of budget and resource management		x	x		
11. Select methods to evaluate public health programs	x	x	x		
Policy in Public Health					
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence		x	x	x	
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes		x		x	x
14. Advocate for political, social, or economic policies and programs that will improve health in diverse populations		x			x
15. Evaluate policies for their impact on public health and health equity		x		x	
Leadership					
16. Apply principles of leadership, governance, and management, which include creating a vision, empowering others, fostering collaboration, and guiding decision making		x			x

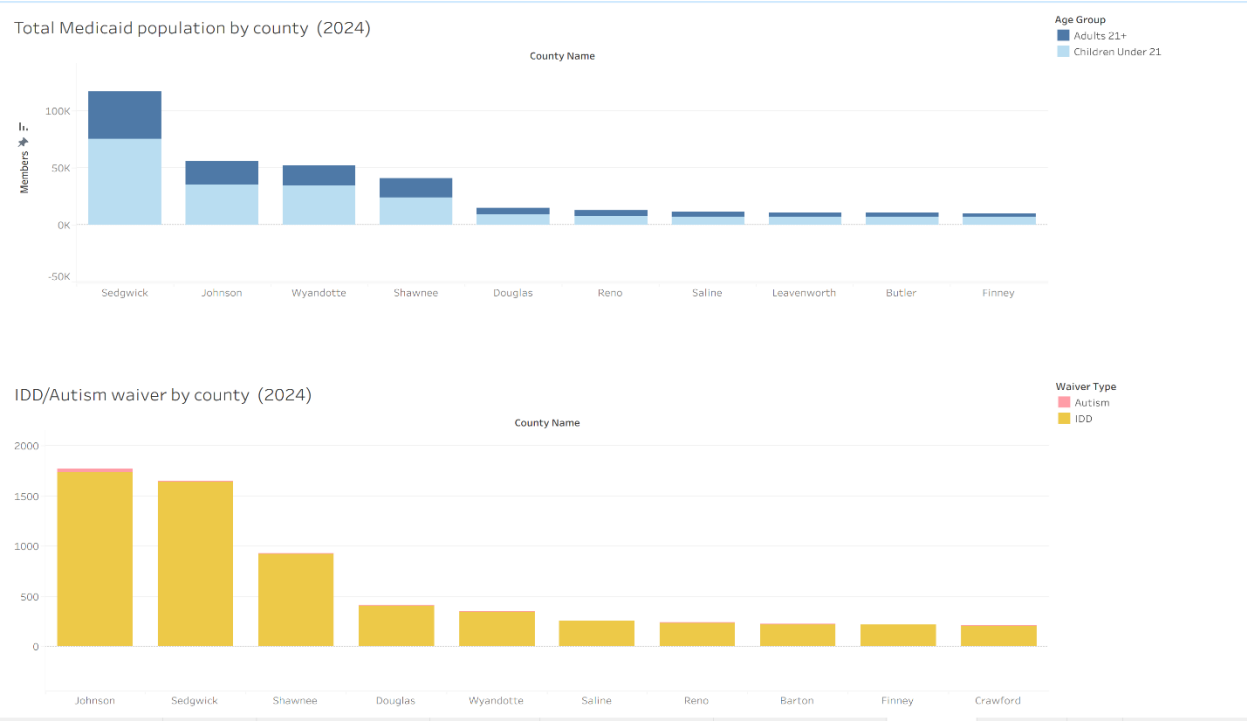
17. Apply negotiation and mediation skills to address organizational or community challenges		x			
Communication					
18. Select communication strategies for different audiences and sectors	DMP 815				
19. Communicate audience-appropriate (i.e., non-academic, non-peer audience) public health content, both in writing and through oral presentation	DMP 815				
20. Describe the importance of cultural competence in communicating public health content		x			x
Interprofessional Practice					
21. Integrate perspectives from other sectors and/or professions to promote and advance population health		x			x
Systems Thinking					
22. Apply systems thinking tools to visually represent a public health issue in a format other than a standard narrative			x	x	

Appendix A Dashboard

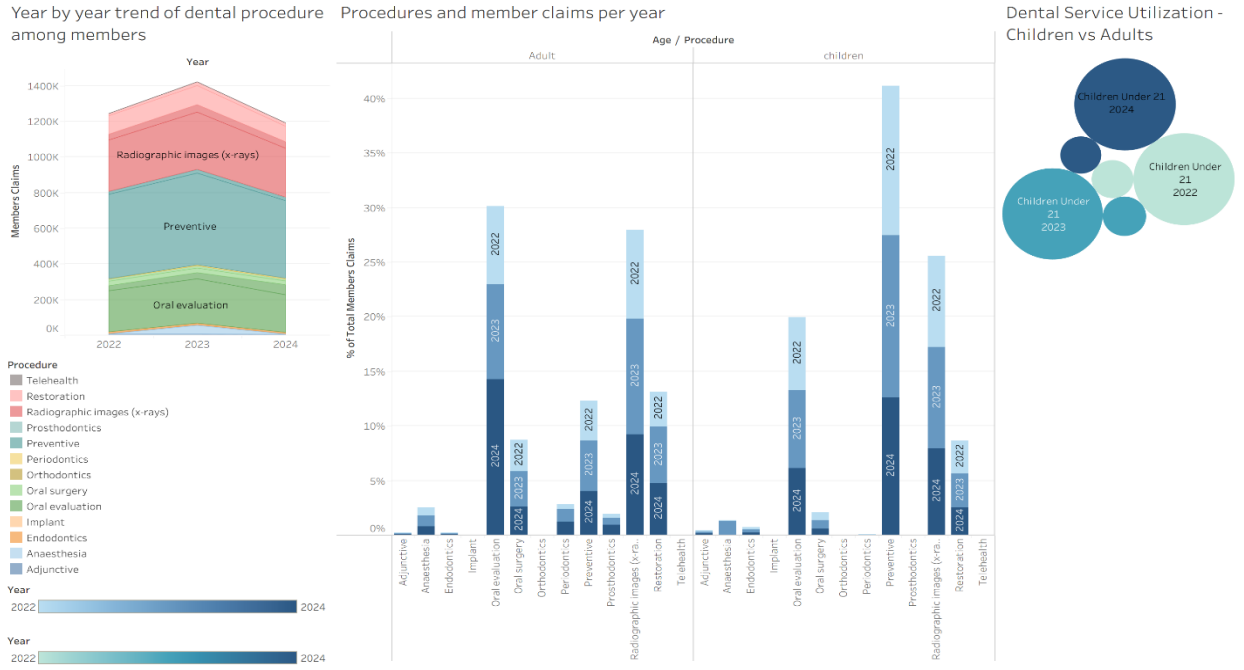
Dashboard 1 Medicaid Enrollment and IDD/Autism Waiver Distribution in Kansas (2022–2024)



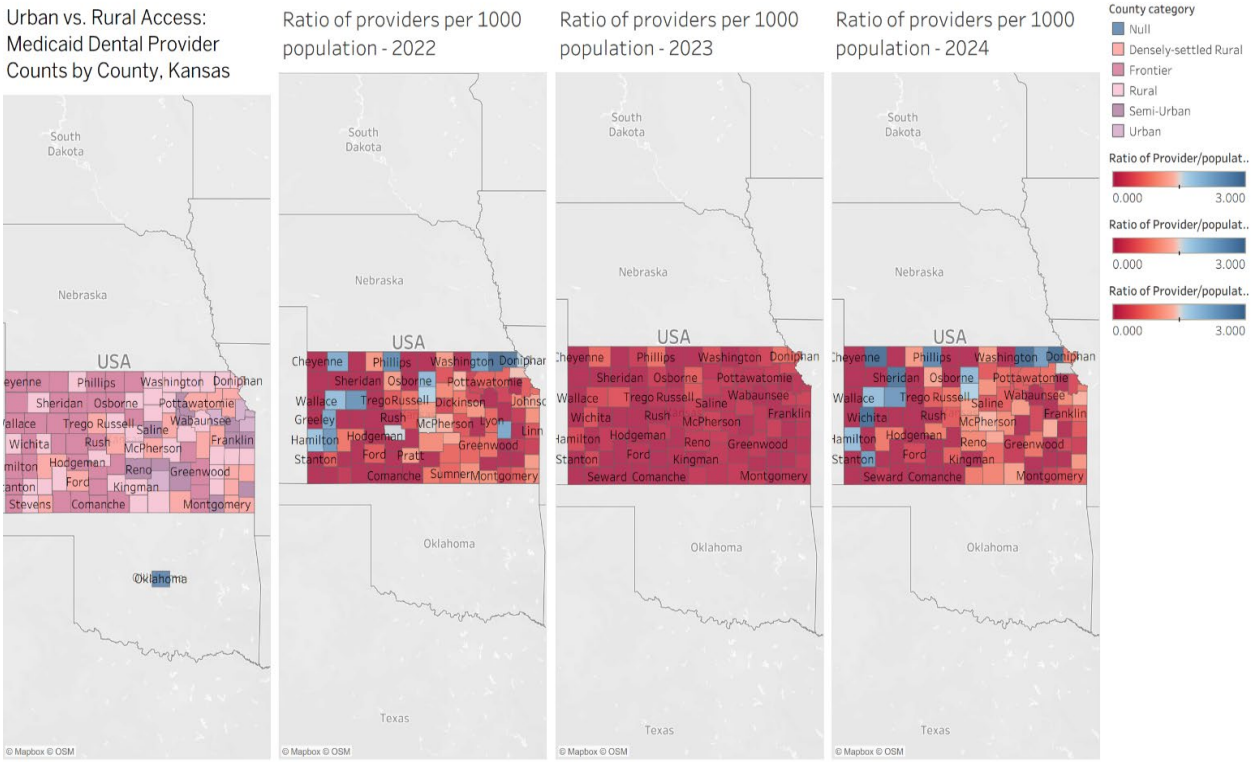
Top 10 Kansas Counties: Medicaid and IDD/Autism Waiver Dashboard (2024)



Dashboard 2: Trends in Dental Service Utilization Among Medicaid Members (2022–2024)



Dashboard 3: Urban–Rural Disparities in Medicaid Dental Provider Access, Kansas (2022–2024)



Appendix B: An Educational Flyer

Appendix C: Executive Summaries
For the Kansas Population summary:

Oral Health Kansas
Executive Summary
Date: July 25, 2025

Title: Your Dental Health and KanCare: What You Need to Know

Why does it matter:
Many health problems begin in the mouth, and taking care of your teeth helps keep your whole body healthy. This summary illustrates how individuals insured by KanCare, including children, adults, and those with Intellectual and Developmental disabilities/ Autism, utilize dental services. It helps us understand what's working well and what needs to improve to keep all Kansans healthy.

What we found:

- In 2024, KanCare enrollment declined to 197,188 adults and 242,299 children after the end of the pandemic-era continuous eligibility rule. When the state rechecked eligibility, many lost coverage, and most remaining members were concentrated in larger counties like Johnson and Sedgwick.
- In 2024, nearly 10,000 people with Intellectual and developmental disabilities and autism were enrolled in HCBS waivers. Most live in urban counties like Sedgwick, Wyandotte, and Johnson, but rural areas still have fewer enrollments.
- The good news is that most children and adults on Medicaid, including those with IDD or autism, used dental services each year from 2022 to 2024. Around 85% of children under 21 used these services, making them the largest group each year.
- From 2022 to 2024, nearly 1.5 million preventive dental services—like cleanings and fluoride treatments were delivered to people on KanCare. The most common services were teeth cleanings and fluoride to protect against dental cavities.
- From 2022 to 2024, access to KanCare dental providers stayed uneven across Kansas. While some places like Phillips County improved provider availability, others like Crawford saw fewer providers, and rural areas like Thomas County had none at all. Urban areas, such as Johnson County, have better access, but many rural Kansans still face long travel times or wait times to receive the care they need.

What does this mean for you?

- If you are a parent: Take your child for a regular dental checkup. Medicaid covers it and helps prevent dental problems at an early stage.
- If you live in a rural area, ask your local leaders to bring more dentists to your community.
- If you or your loved one has a disability: Know that dental care is available and being used well – continue your appointments regularly.
- If you are a Kansan who cares: Support programs that bring care to more people and make access fair across all counties.

"Together we can build a healthy community — no matter where they live or who they are."

Audience: Kansas - Population | Prepared by Oral Health Kansas | www.oralhealthkansas.org

For the Kansas Provider summary:

Oral Health Kansas
Executive Summary
Date: July 25, 2025

Serving with Impact: What Kansas Dentists Should Know About KanCare and Dental Access

Why does it matter:
As oral health professionals, Kansas dentists play a key role in maintaining the state's overall health. This summary highlights trends in KanCare dental utilization and reveals where care is reaching people and where more help is needed.

Key Findings:

- In 2024, KanCare enrollment fell to 197,188 adults and 242,299 children after the end of pandemic-era continuous eligibility. As redeterminations resumed, many individuals lost coverage, with most remaining members concentrated in larger counties like Johnson and Sedgwick, where more dental providers are available.
- At the same time, nearly 10,000 individuals with Intellectual and Developmental Disabilities (IDD) or autism were enrolled in Home and Community-Based Services (HCBS) waivers in 2024—a result of state funding to reduce waiting lists. Despite this progress, rural areas still lag in service availability. This means people in small towns often have to travel farther or wait longer to get the dental care they need.
- Encouragingly, the majority of children and adults insured by KanCare, including individuals with IDD or autism, utilized dental services consistently from 2022 to 2024. Approximately 85% of children under 21 received dental care annually, making them the largest user group each year.
- Nearly 1.5 million preventive dental services, especially cleanings (D1110) and fluoride applications (D1206), were delivered over three years. This highlights the importance of maintaining preventive care access.
- Persistent workforce disparities: Between 2022 and 2024, KanCare provider distribution remained uneven. While counties like Phillips improved, others like Crawford declined, and rural areas like Thomas had no providers at all. Urban counties, such as Johnson, consistently maintain high provider access, underscoring the ongoing need to support dentists serving underserved areas.

What does this mean for you?

- If you are a dentist in a rural area, you're making a big difference, but you may also face high demand. Consider outreach partnerships to expand coverage.
- If you're not currently enrolled with KanCare, now may be a good time to join. Adult dental coverage and reimbursement have improved, especially for preventive services.
- If you serve special populations, continue these efforts. The data show high engagement and need, especially among individuals with disabilities.
- As a health leader in your community, advocate for better incentives, student loan support, and infrastructure to attract more dental providers to underserved regions.

"Your commitment matters — together, we can close the gap and create a healthier Kansas for all."

Audience: Kansas – Provider | Prepared by Oral Health Kansas | www.oralhealthkansas.org

For a Kansas State Legislator summary

Oral Health Kansas
Executive Summary
Date: July 25, 2025

Oral Health Equity in Kansas: How KanCare Makes a Difference

Why does it matter:
Oral health is a critical part of overall health. Many chronic health problems originate in the mouth, and ensuring access to basic dental care helps keep individuals, families, and communities healthy, while also lowering long-term healthcare costs. This summary illustrates how Kansans utilize KanCare dental services and highlights gaps that require continued state attention.

Key findings:

- Enrollment shifts: In 2024, adults and children insured by KanCare declined to 197,188 and 242,299, respectively, following the end of the pandemic-era continuous eligibility rule. When eligibility checks resumed, many Kansans lost coverage, with most remaining members concentrated in larger counties like Johnson and Sedgwick, where more providers are available.
- Waiver growth and rural gaps: In 2024, nearly 10,000 people with disabilities and autism were enrolled in HCBS waivers across many counties. Most live in larger counties such as Sedgwick, Wyandotte, and Johnson, but rural areas continue to face limited provider access.
- Strong utilization: Most children and adults on Medicaid, including those with IDD or autism, used dental services consistently from 2022 to 2024. About 85% of children under 21 received care each year, showing strong demand when services are accessible.
- Preventive care delivered: Between 2022 and 2024, nearly 1.5 million preventive dental services, such as cleanings and fluoride treatments, were delivered through KanCare, helping prevent costly oral health issues.
- Persistent workforce disparities: From 2022 to 2024, KanCare dental provider distribution remained uneven. Counties like Phillips saw gains, while Crawford declined, and rural areas like Thomas had no providers. Urban areas such as Johnson maintained strong access, highlighting the need for policies to recruit and retain providers in underserved areas.

What does this mean for policymakers?

- Maintaining and expanding dental care access requires continued state action
- Support families: Promote awareness that KanCare covers preventive care for children and adults.
- Strengthen rural access: Invest in strategies to recruit and retain dentists in underserved counties, such as student loan repayment programs and tuition assistance, and partnerships with dental schools to reduce student debt.
- Protect vulnerable Kansans: Ensure funding for waivers and services for individuals with disabilities and special health needs.
- Advance health equity: Back policies that close provider gaps so all Kansans, no matter where they live, have fair access to care.

"Together, we can strengthen Kansas communities by ensuring that every resident can get the dental care they need to stay healthy and thrive."

Audience: Kansas State Legislator | Prepared by Oral Health Kansas | www.oralhealthkansas.org